



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Cabeo et al.
Serial No. : 09/594,905
Filed : June 15, 2000
Art Unit : 1762
Examiner : Padgett, Marianne, L.
For : METHOD AND ARRANGEMENT FOR PLASMA
BORONIZING

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AMENDMENT

I hereby certify that this paper is being deposited with the
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Gary Abelev
Attorney Name

40,479
PTO Reg. No.


Signature

October 7, 2003
Date of Signature

Assistant Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is filed in response to the Office Action dated July 7, 2003. Please amend
the above-identified application as set forth below.

41

1762



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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/594,905
	Filing Date	06/15/2000
	First Named Inventor	Cabeo et al.
	Group Art Unit	1762
	Examiner Name	Padgett, Marianne L.
Total Number of Pages in This Submission		Attorney Docket Number A33169 PCT USA 070255.0590

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Receipt Postcard
Remarks <input type="checkbox"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	 Att Name: Gary Abelev PTO Reg: 40,479
Date	10/07/2003

CERTIFICATE OF MAILING	
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